

RECEIVED RECEIVED

MAY 13 2021

MAY 13 2021

**IF YOUR CLAIM IS LISTED HERE, ONE OR MORE OF THE DEBTORS ARE SEEKING
TO DISALLOW YOUR CLAIM FOR THE REASON LISTED BELOW.**

NAME	CLAIM #	DATE FILED	DEBTOR	ASSERTED CLAIM AMOUNT
Universal Care Corporation	14706	5/23/2018	Commonwealth of Puerto Rico	\$1,558.13
Reason:	The claimant failed to provide prima facie evidence to support a secured claim.			

**SI SU RECLAMO ESTÁ INCLUIDO AQUÍ, UNO O MÁS DE LOS DEUDORES SOLICITAN
QUE SU RECLAMO SEA RECHAZADO POR LA RAZÓN INDICADA AQUÍ ABAJO.**

NOMBRE	N.º DE RECLAMACIÓN	FECHA DE PRESENTACIÓN	DEUDOR	MONTO DE LA RECLAMACIÓN ALEGADA
Universal Care Corporation	14706	5/23/2018	Commonwealth of Puerto Rico	\$1,558.13
Base para:	El demandante omitió proporcionar pruebas evidentes para apoyar el reclamo asegurado.			



20 de febrero de 2019

Centro de Procesamiento de Información Complementaria del Estado Libre Asociado de PR
850 3rd Avenue, Suite 412
Brooklyn, NY 11232

A quien pueda interesar:

Estamos incluyendo las Evidencias de las siguientes reclamaciones:

1. Administración de Servicios Médicos de PR- Reclamación 6630
2. Centro Cardiovascular de PR y del Caribe- Reclamación 5480
3. Hospital Pediátrico Universitario-Reclamación 17
4. Hospital Regional de Bayamón- Reclamación 48
5. Hospital Universitario de Adultos- Reclamación 6537
6. Centro Comprensivo del Cancer-Reclamación 19609
7. Administracion de Correccion- Reclamación 14706
8. Fonde del Seguro de Estado-Reclamación 20532
9. Departamento de Salud-Reclamación -29

Cualquier duda o información adicional, pueden comunicarse con nosotros al 787-798-2160 o correo electrónico gloperena@unicarepr.com

Gracias,



Ginnette M. Loperena Nigaglioni
Gerente de Crédito

The signature is written in blue ink and appears to read "Ginnette M. Loperena". Below the signature, the name "Ginnette M. Loperena Nigaglioni" is printed in a smaller, standard font, followed by the title "Gerente de Crédito".

AP-IIR-L

Prime Clerk LLC
(844) 822-9231 · PRClaimsInfo@primeclerk.com

NÚMERO DE EVIDENCIA DE RECLAMACIÓN EN VIRTUD DE LA LEY PROMESA: 14706
Nombre del Reclamante: Universal Care Corporation

Complete y envíe este formulario hasta el 22 de febrero de 2019 inclusive, por correo electrónico a PRClaimsInfo@primeclerk.com o por correo postal, entrega en mano o correo con entrega en 24 horas a la siguiente dirección:

Centro de procesamiento de información complementaria del Estado Libre Asociado de Puerto Rico
850 3rd Avenue, Suite 412
Brooklyn, NY 11232

Toda la información complementaria que proporcione se adjuntará a su reclamación y aparecerá en el registro oficial de reclamaciones.

Balance al 1/31/2019 AIJ009 \$1,235.87

AIJ010 322.26

FUNDAMENTO DE LA RECLAMACIÓN:

- Una factura impaga que usted emitió al gobierno de Puerto Rico Balance Total \$1,558.13
 Empleo actual o anterior en el gobierno de Puerto Rico
 Otro (describir): _____

PARA UNA FACTURA PENDIENTE:

Número de proveedor / Número de identificación tributaria / Últimos cuatro dígitos del Número de seguro social: 660-42-0136

El organismo o departamento gubernamental que celebró el (los) contrato(s) con usted: ADMINISTRACION DE INSTITUCIONES

JUVENILES, DEPARTAMENTO DE CORRECTION / CORRECTIONAL DEPARTMENT

Su(s) número(s) de contrato y/o número(s) de orden(es) de compra Varias

Proporcione la documentación de respaldo de su reclamación incluyendo una copia de todo contrato, orden de compra, factura (con inclusión de las fechas en que se prestaron los servicios y fechas de entrega de los bienes), conocimiento de embarque, y constancia de entrega).

PARA EL EMPLEO ACTUAL O ANTERIOR:

El organismo o departamento específico en el que trabaja o trabajó: _____

Período específico en el que estuvo, o está empleado en relación con la reclamación: _____

Los últimos cuatro dígitos de su número de seguro social: _____

Naturaleza de la reclamación relacionada con empleo:

- Jubilación Queja con el sindicato
 Salarios impagos Acción legal pendiente o cerrada
 Días por enfermedad Otra: _____
 Vacaciones _____

(Continúa al dorso)



Universal Care, Corp.
PO Box 1051
Sabana Seca, PR 00952-1051
PUERTO RICO
(787)-798-2160

Exhibit Page 4 of 25

PAGE 1
DATE 1/31/2019
ACCOUNT NO AIJ010

ATTN: ADM INST JUVENILES CTS ARECIBO
PO BOX 71308
SAN JUAN, PR 00936

AMOUNT DUE 322.26
TERMS Net 30 Days

INVOICE DATE	INVOICE NO	TYPE	PO/CHECK NO	CHARGES	CREDITS	BALANCE
5/29/2014	431682	Inv	14RE0208	96.80	0.00	96.80
6/3/2014	432123	Inv	14RE0208	3,034.64	0.00	
10/6/2014	432123	Pmt	3175688	0.00	3,083.69	
	432123					over payment -49.05
6/10/2014	432583	Inv	14RE0208	99.49	0.00	99.49
6/12/2014	432770	Inv	14RE0208	122.76	0.00	122.76

Seriously past due. Please remit.
Activity after 1/31/2019 will be reflected on your next statement.

CURRENT	31 - 60 DAYS	61 - 90 DAYS	OVER 90 DAYS	LATE CHARGES	AMOUNT DUE
0.00	0.00	0.00	270.00	52.26	322.26



Universal Care, Corp.
PO Box 1051
Sabana Seca, PR 00952-1051
PUERTO RICO
(787)-798-2160

PAGE 1

INVOICE DATE 5/29/2014
INVOICE NO 431682

S AIJ010
S ADM INST JUVENILES CTS ARECIBO
O PO BOX 60-307
L BAYAMON, PR 00960
D

T
O

S 010001
S ADM INST JUVENILES CTS ARECIBO
H GLADYS ORTIZ
I L-V 8-3 CARR 2 BO SAN LUIS
P AL LADO GARAGE SHELL ANTIGUA CARCEL DISTRITO
T ARECIBO,
O

TOTAL DUE 96.80

SLS1	SLS2	DUE DATE	DISC DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO
054		6/28/2014	5/29/2014	00056273	11/5/2013	5/29/2014	
TERMS DESCRIPTION		CUSTOMER PO NO			SHIP VIA		
Net 30 Days		14RE0208			Our Truck		
ITEM ID		TX CL	UNITS	ORDERED	SHIPPED	UNIT PRICE	EXTENSION
3500-2B0063Q		0	BX	1.0000	1.0000	48.4000	48.40
IV SOL'N DEXTROSE 5% 500ML			24.0000				
IN WATER							
Lot No							
C931774					1.0000		
3500-2B1323Q		0	BX	1.0000	1.0000	48.4000	48.40
IV SOL'N NOR SAL 0.9% 500ML			24.0000				
IN WATER							
Lot No							
C933481					1.0000		

PR SALES TAX

0.00

We appreciate your business.

TAXABLE	NONTAXABLE	FREIGHT	SALES TAX	MISC	TOTAL
0.00	96.80	0.00	0.00	0.00	96.80

IMPORTANT: INTEREST AT THE HIGHEST RATE ALLOWED BY LAW WILL BE CHARGED ON PAST DUE INVOICES.

UNICARE

BATCH CODE

ORDER NO

ORDER DATE

PAGE

BATCHD

00056273

11/5/2013

1

Universal Care, Corp.
 PO Box 1051
 Sabana Seca, PR 00952-1051
 PUERTO RICO
 (787)-798-2160

CUSTOMER PO NO

14RE0208

05/22/2014 16:09:11 PM

S 010001
 H ADM INST JUVENILES CTS ARECIBO
 I GLADYS ORTIZ
 P L-V 8-3 CARR 2 BO SAN LUIS
 AL LADO GARAGE SHELL ANTIGUA CARCEL DISTRITO
 T ARECIBO,
 O (787) 878-8330

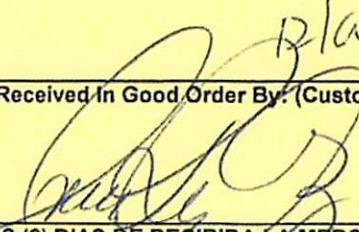
S AIJ010
 O ADM INST JUVENILES CTS ARECIBO
 L PO BOX 60-307
 D BAYAMON, PR 00960
 T (787) 273-6464
 O

TERMS Net 30 Days

SLS1	SLS2	LOCATION ID	SHIP VIA	PICKING SLIP NO	REQ SHIP DATE	SHIP DATE
054	UCCHQ	Our Truck		40321	5/22/2014	
ITEM ID	Lotted Item	UNIT	QTY / LOT NUM	ORDERED	SHIPPED	BACKORDERED
3500-2B0063Q		BX	C931774 ✓	1.0000	1	
IV SOL'N DEXTROSE 5% 500ML IN WATER			May - 15			
3500-2B1323Q		BX	C933481 ✓	1.0000	X 1	
IV SOL'N NOR SAL 0.9% 500ML IN WATER			Jun - 15			

15-B-28n1

Blagaito/2015

Dispatched By/ Date:	Checked By/Date:	Delivered By/ Date/Time:	Packages Received:	Received In Good Order By: (Customer Signature)	Received By/ Date/Time:
Mph.	Slet		2		27/05/14

NO ACEPTAMOS RECLAMACIONES DESPUES DE DOS (2) DIAS DE RECIBIDA LA MERCANCIA



Universal Care, Corp.
PO Box 1051
Sabana Seca, PR 00952-1051
PUERTO RICO
(787)-798-2160

PAGE 1

INVOICE DATE 6/10/2014
INVOICE NO 432583

S AIJ010
O ADM INST JUVENILES CTS ARECIBO
L PO BOX 60-307
D BAYAMON, PR 00960

T
O

S 010001
H ADM INST JUVENILES CTS ARECIBO
I GLADYS ORTIZ
P L-V 8-3 CARR 2 BO SAN LUIS
T AL LADO GARAGE SHELL ANTIGUA CARCEL DISTRITO
O ARECIBO,

TOTAL DUE 99.49

SLS1	SLS2	DUE DATE	DISC DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO
054		7/10/2014	6/10/2014	00056274	11/5/2013	6/13/2014	
TERMS DESCRIPTION		CUSTOMER PO NO		SHIP VIA			
Net 30 Days		14RE0208		Our Truck			
ITEM ID		TX CL	UNITS	ORDERED	SHIPPED	UNIT PRICE	EXTENSION
2804-81-002		1	BX	1.0000	1.0000	99.4900	99.49
IV ADM SET PRIMARY 1 INJ			100.0000				
Lot No							
66281KS				1.0000			

PR SALES TAX

0.00

We appreciate your business.

TAXABLE	NONTAXABLE	FREIGHT	SALES TAX	MISC	TOTAL
0.00	99.49	0.00	0.00	0.00	99.49

IMPORTANT: INTEREST AT THE HIGHEST RATE ALLOWED BY LAW WILL BE CHARGED ON PAST DUE INVOICES.

TOTAL DUE 99.49



<< CONDUCE >>
JUN 6 AM11:39

BATCH CODE	ORDER NO	ORDER DATE	PAGE
0527BO	00056274	11/5/2013	1
		CUSTOMER PO NO	
		14RE0208	
		05/30/2014 09:52:59 AM	

Universal Care, Corp.
PO Box 1051
Sabana Seca, PR 00952-1051
PUERTO RICO
(787)-798-2160

S 010001
H ADM INST JUVENILES CTS ARECIBO
I GLADYS ORTIZ
P L-V 8-3 CARR 2 BO SAN LUIS
T AL LADO GARAGE SHELL ANTIGUA CARCEL DISTRITO
O ARECIBO,
(787) 878-8330

S AIJ010
O ADM INST JUVENILES CTS ARECIBO
L PO BOX 60-307
D BAYAMON, PR 00960
T (787) 273-6464
O

TERMS Net 30 Days

SLS1	SLS2	LOCATION ID	SHIP VIA	PICKING SLIP NO	REQ SHIP DATE	SHIP DATE
054	UCCHQ	Our Truck		40773	5/22/2014	
ITEM ID	Lotted Item	UNIT	QTY / LOT NUM	ORDERED	SHIPPED	BACKORDERED
2804-81-002 IV ADM SET PRIMARY 1 INJ		BX 100.0000	66281KS/ 2018-06	1.0000	1	

Dispatched By/ Date:	Checked By/Date:	Delivered By/ Date/Time:	Packages Received:	Received In Good Order By: (Customer Signature)	Received By/ Date/Time:
wh		Heitor	①	D. O. B. B. B.	6/10/19

NO ACEPTAMOS RECLAMACIONES DESPUES DE DOS (2) DIAS DE RECIBIDA LA MERCANCIA



Universal Care, Corp.
 PO Box 1051
 Sabana Seca, PR 00952-1051
 PUERTO RICO
 (787)-798-2160

PAGE 1

INVOICE DATE 6/12/2014
 INVOICE NO 432770

S AIJ010
 O ADM INST JUVENILES CTS ARECIBO
 L PO BOX 60-307
 D BAYAMON, PR 00960
 T
 O

S 010001
 H ADM INST JUVENILES CTS ARECIBO
 I GLADYS ORTIZ
 P L-V 8-3 CARR 2 BO SAN LUIS
 T AL LADO GARAGE SHELL ANTIGUA CARCEL DISTRITO
 O ARECIBO,

TOTAL DUE 122.76

SLS1	SLS2	DUE DATE	DISC DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO
054		7/12/2014	6/12/2014	00056809	6/2/2014	6/17/2014	
TERMS DESCRIPTION		CUSTOMER PO NO			SHIP VIA		
Net 30 Days		14RE0208			Our Truck		
ITEM ID		TX CL	UNITS	ORDERED	SHIPPED	UNIT PRICE	EXTENSION
2500-6725320110		0	EA	6.0000	6.0000	20.4600	122.76
PENICILLIN VK TAB 500MG FCO100			1.0000		6.0000		
Lot No							
343681662							

PR SALES TAX

0.00

We appreciate your business.

TAXABLE	NONTAXABLE	FREIGHT	SALES TAX	MISC	TOTAL
0.00	122.76	0.00	0.00	0.00	122.76

TOTAL DUE 122.76
 IMPORTANT: INTEREST AT THE HIGHEST RATE ALLOWED BY LAW WILL BE CHARGED ON PAST DUE INVOICES.



<< CONDUCE >>

PLQ

BATCH CODE	ORDER NO	ORDER DATE	PAGE
0603BO	00056809	6/2/2014	1
CUSTOMER PO NO			
14RE0208			
06/10/2014 07:27:33 AM			

Universal Care, Corp.
PO Box 1051
Sabana Seca, PR 00952-1051
PUERTO RICO
(787)-798-2160

S 010001
H ADM INST JUVENILES CTS ARECIBO
I GLADYS ORTIZ
P L-V 8-3 CARR 2 BO SAN LUIS
AL LADO GARAGE SHELL ANTIGUA CARCEL DISTRITO
T ARECIBO,
O (787) 878-8330

S AIJ010
O ADM INST JUVENILES CTS ARECIBO
L PO BOX 60-307
D BAYAMON, PR 00960
T (787) 273-6464
O

SLS1	SLS2	LOCATION ID	SHIP VIA	TERMS		SHIP DATE		
				PICKING SLIP NO	REQ SHIP DATE			
054		UCCHQ	Our Truck	41542	6/2/2014			
		ITEM ID	Lotted Item	UNIT	QTY / LOT NUM	ORDERED	SHIPPED	BACKORDERED
2500-6725320110		PENICILLIN VK TAB 500MG FCO100		EA	1.0000	34 3681662 9/2014	6.0000	0

Dispatched By/ Date:	Checked By/Date:	Delivered By/ Date/Time:	Packages Received:	Received In Good Order By/ (Customer Signature)	Received By/ Date/Time:
<i>PLQ</i> 6/11/2014	<i>PLQ</i> 6/11/2014	<i>PLQ</i>	1	<i>PLQ</i> 6/11/2014	<i>PLQ</i> 6/11/14

NO ACEPTAMOS RECLAMACIONES DESPUES DE DOS (2) DIAS DE RECIBIDA LA MERCANCIA



Universal Care, Corp.
PO Box 1051
Sabana Seca, PR 00952-1051
PUERTO RICO
(787)-798-2160

Exhibit Page 11 of 25

PAGE	1
DATE	1/31/2019
ACCOUNT NO	AIJ009

ATTN: ADM INST JUVENILES CTS HUMACAO
DEPTO DE CORRECCION
Y ADMINISTRACION
PO BOX 71308
SAN JUAN, PR 00936

AMOUNT DUE	1,235.87
TERMS	Net 30 Days

INVOICE DATE	INVOICE NO	TYPE	PO/CHECK NO	CHARGES	CREDITS	BALANCE
2/24/2014	425376	Inv	14CTH0163F	65.60	0.00	65.60
3/31/2014	427803	Inv	14CTH0201	248.04	0.00	248.04
9/16/2014	438861	Inv	15CTH0043-F	470.27	0.00	470.27
10/6/2014	440452	Inv	15CTH0043-F	67.44	0.00	67.44
6/30/2015	458217	Inv	15RE0462-F	577.81	0.00	
10/7/2015	458217	Pmt	3318701	0.00	264.41	
	458217					313.40

Seriously past due. Please remit.
Activity after 1/31/2019 will be reflected on your next statement.

CURRENT	31 - 60 DAYS	61 - 90 DAYS	OVER 90 DAYS	LATE CHARGES	AMOUNT DUE
0.00	0.00	0.00	1,164.75	71.12	1,235.87



Universal Care, Corp.
 PO Box 1051
 Sabana Seca, PR 00952-1051
 PUERTO RICO
 (787)-798-2160

PAGE 1
 INVOICE DATE 2/24/2014
 INVOICE NO 425376

S AIJ009
 O ADM. INST JUVENILES CTS HUMACA
 L CENTRO TRATAMIENTO SOCIAL
 D HC-03 BOX 6739
 HUMACAO, PR 00791

S 250001
 H ADM INST JUVENILES CTS HUMACAO
 I JAIME L. HERNANDEZ DE LEON
 P CTS HUMACAO EXP 30 DESPUES
 T SALIDA YABUCOA LA SEGUNDA A LA DERECHA BO
 MAMBICHE BLANCO
 O HUMACAO, 00791

TOTAL DUE 65.60

SLS1	SLS2	DUE DATE	DISC DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO
006		3/26/2014	2/24/2014	00049595	2/11/2014	2/25/2014	
TERMS DESCRIPTION CUSTOMER PO NO SHIP VIA							
Net 30 Days 14CTH0163F Our Truck							
ITEM ID TX CL UNITS ORDERED SHIPPED UNIT PRICE EXTENSION							
2500-0641600610	0	EA	1.0000	1.0000	1.0000	65.6000	65.60
ATROPINE INJ. 0.4MG/ML			1.0000				
20MLVIAL 10VL/BOX							
Lot No							
043324				1.0000			

PR SALES TAX
 0.00

We appreciate your business.

TAXABLE	NONTAXABLE	FREIGHT	SALES TAX	MISC	TOTAL
0.00	65.60	0.00	0.00	0.00	65.60

TOTAL DUE 65.60
 IMPORTANT: INTEREST AT THE HIGHEST RATE ALLOWED BY LAW WILL BE CHARGED ON PAST DUE INVOICES.

UNICARE

BATCH CODE	ORDER NO	ORDER DATE	PAGE
BATCHD	00049595	2/11/2014	1

Universal Care, Corp.
PO Box 1051
Sabana Seca, PR 00952-1051
PUERTO RICO
(787)-798-2160

CUSTOMER PO NO

14CTH0163F

02/14/2014 13:51:01 PM

S 250001
H ADM INST JUVENILES CTS HUMACAO
I JAIME L. HERNANDEZ DE LEON
P CTS HUMACAO EXP 30 DESPUES
T SALIDA YABUCOA LA SEGUNDA A LA DERECHA BO
O MAMBICHE BLANCO
O HUMACAO, 00791
(787) 285-0909

S AIJ009
O ADM. INST JUVENILES CTS HUMACA
L CENTRO TRATAMIENTO SOCIAL
D HC-03 BOX 6739
T HUMACAO, PR 00791
O (787) 285-0909

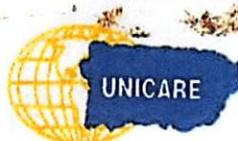
TERMS Net 30 Days

SLS1	SLS2	LOCATION ID	SHIP VIA	PICKING SLIP NO	REQ SHIP DATE	SHIP DATE
006	UCCHQ	Our Truck		33010	2/14/2014	
ITEM ID	Lotted Item	UNIT	QTY / LOT NUM	ORDERED	SHIPPED	BACKORDERED
2500-0641600610	ATROPINE INJ. 0.4MG/ML	EA	043324 1.0000 4/2015	1.0000	1 vial	0
20MLVIAL 10VIAL/BOX						

2/19/14 2/21/14 Para Lunes 2/24/14

Dispatched By/ Date: <i>2/19/2014</i>	Checked By/Date: <i>2/19/2014</i>	Delivered By/ Date/Time: <i>Nataly</i>	Packages Received: <i>1</i>	Received In Good Order By: (Customer Signature) <i>D. Perez 2/21/14</i>	Received By/ Date/Time: <i>2/24/14</i>
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NO ACEPTAMOS RECLAMACIONES DESPUES DE DOS (2) DIAS DE RECIBIDA LA MERCANCIA



Universal Care, Corp.
PO Box 1051
Sabana Seca, PR 00952-1051
PUERTO RICO
(787)-798-2160

PAGE 1

INVOICE DATE 3/31/2014
INVOICE NO 427803

S AIJ009
O ADM. INST JUVENILES CTS HUMACA
L CENTRO TRATAMIENTO SOCIAL
D HC-03 BOX 6739
T HUMACAO, PR 00791

S 250001
H ADM INST JUVENILES CTS HUMACAO
I JAIME L. HERNANDEZ DE LEON
P CTS HUMACAO EXP 30 DESPUES
T SALIDA YABUCOA LA SEGUNDA A LA DERECHA BO
O MAMBICHE BLANCO
T HUMACAO, 00791

TOTAL DUE 248.04

SLS1	SLS2	DUE DATE	DISC DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO
006		4/30/2014	3/31/2014	00051842	3/20/2014	3/27/2014	
TERMS DESCRIPTION		CUSTOMER PO NO		SHIP VIA			
Net 30 Days		14CTH0201		Our Truck			
ITEM ID		TX CL	UNITS	ORDERED	SHIPPED	UNIT PRICE	EXTENSION
2500-0603334021		1	EA	7.0000	7.0000	3.3700	23.59
DIPHENYDRAMINE CAP 50MG				1.0000			
FCO 100							
Lot No					7.0000		
13J572							
2500-00555030202		0	EA	3.0000	3.0000	9.6400	28.92
HYDROXYZ PAM CAP 500MG				1.0000			
I00 TAB							
Lot No					3.0000		
34017713A							
500-0555032402		0	EA	4.0000	4.0000	37.6900	150.76
HYDROXYZINE PAM CAP 100MG				1.0000			
FCO 100							
Lot No					4.0000		
34018509A							
500-6818035206		0	EA	3.0000	3.0000	2.4900	7.47
ERTRALINE TAB 50MG FCO30				1.0000			
Lot No							
G308773							
500-6818035306		0	EA	4.0000	4.0000	3.7600	15.04
ERTRALINE TAB 100MG FCO 30				1.0000			
Lot No					1.0000		
G309476							
G309477					3.0000		
500-089634800200		1	EA	2.0000	2.0000	11.1300	22.26
ELATONIN 5MG S/L TAB 30+30				1.0000			
Lot No							
PN1557					2.0000		



Universal Care, Corp.
PO Box 1051
Sabana Seca, PR 00952-1051
PUERTO RICO
(787)-798-2160

Exhibit Page 15 of 25

PAGE 2

INVOICE DATE 3/31/2014
INVOICE NO 427803

S AIJ009
O ADM. INST JUVENILES CTS HUMACA
L CENTRO TRATAMIENTO SOCIAL
D HC-03 BOX 6739
T HUMACAO, PR 00791
O

S 250001
H ADM INST JUVENILES CTS HUMACAO
I JAIME L. HERNANDEZ DE LEON
P CTS HUMACAO EXP 30 DESPUES
T SALIDA YABUCOA LA SEGUNDA A LA DERECHA BO
O MAMBICHE BLANCO
O HUMACAO, 00791

TOTAL DUE 248.04

SLS1	SLS2	DUE DATE	DISC DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO
006		4/30/2014	3/31/2014	00051842	3/20/2014	3/27/2014	
TERMS DESCRIPTION		CUSTOMER PO NO		SHIP VIA			
Net 30 Days		14CTH0201		Our Truck			
ITEM ID		TX CL	UNITS	ORDERED	SHIPPED	UNIT PRICE	EXTENSION

PR SALES TAX

0.00

We appreciate your business.

TAXABLE	NONTAXABLE	FREIGHT	SALES TAX	MISC	TOTAL
0.00	248.04	0.00	0.00	0.00	248.04

IMPORTANT: INTEREST AT THE HIGHEST RATE ALLOWED BY LAW WILL BE CHARGED ON PAST DUE INVOICES.

TOTAL DUE 248.04



BATCH CODE	ORDER NO	ORDER DATE	PAGE
BATCHL	00051842	3/20/2014	1

Universal Care, Corp.
PO Box 1051
Sabana Seca, PR 00952-1051
PUERTO RICO
(787)-798-2160

CUSTOMER PO NO

14CTH0201

03/20/2014 11:19:30 AM

S 250001
H ADM INST JUVENILES CTS HUMACAO
I JAIME L. HERNANDEZ DE LEON
P CTS HUMACAO EXP 30 DESPUES
T SALIDA YABUCOA LA SEGUNDA A LA DERECHA BO
O MAMBIQUE BLANCO
HUMACAO, 00791
(787) 285-0909

S AIJ009
O ADM. INST JUVENILES CTS HUMACA
L CENTRO TRATAMIENTO SOCIAL
D HC-03 BOX 6739
HUMACAO, PR 00791
T (787) 285-0909
O

SLS1	SLS2	LOCATION ID	SHIP VIA	TERMS		SHIP DATE
					Net 30 Days	
006		UCCHQ	Our Truck	35351		3/20/2014
ITEM ID	Lotted Item	UNIT	QTY / LOT NUM	ORDERED	SHIPPED	BACKORDERED
2500-0603334021 DIPHENYDRAMINE CAP 50MG FCO 100		EA 1.0000	13J592 9/2015	7.0000	7	0
2500-00555030202 HYDROXYZ PAM CAP 500MG 100 TAB Vino de 50 Mg.		EA 1.0000	34017713A 10/2016	3.0000	3	0
2500-0555032402 HYDROXYZINE PAM CAP 100MG FCO 100		EA 1.0000	34018509A 12/2016	4.0000	4	0
2500-6818035206 SERTRALINE TAB 50MG FCO30		EA 1.0000	6308713 8/2016	3.0000	3	0
2500-6818035306 SERTRALINE TAB 100MG FCO 30		EA 1.0000	63094014 9/2016	(1) 4.0000	4	0
2500-089634800200 MELATONIN 5MG S/L TAB 30+30		EA 1.0000	PN1557 11/2016	2.0000	2	0

Dispatched By/ Date:	Checked By/Date:	Delivered By/ Date/Time:	Packages Received:	Received In Good Order By: (Customer Signature)	Received By/ Date/Time:
3/20/2014	3/20/2014	Heidy		W. W. McDonald	3/21/14

NO ACEPTAMOS RECLAMACIONES DESPUES DE DOS (2) DIAS DE RECIBIDA LA MERCANCIA



Universal Care, Corp.
PO Box 1051
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PUERTO RICO
(787)-798-2160

PAGE 1
INVOICE DATE 9/16/2014
INVOICE NO 438861

S AIJ009
O ADM. INST JUVENILES CTS HUMACA
L CENTRO TRATAMIENTO SOCIAL
D HC-03 BOX 6739
T HUMACAO, PR 00791
O

S 250001
H ADM INST JUVENILES CTS HUMACAO
I JAIME L. HERNANDEZ DE LEON
P CARR 924 KM 4.5
T BO MAMBICHE BLANCO
O HUMACAO, 00791

TOTAL DUE 470.27

SLS1	SLS2	DUE DATE	DISC DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO
006		10/16/2014	9/16/2014	00063252	8/11/2014	9/17/2014	
TERMS DESCRIPTION		CUSTOMER PO NO			SHIP VIA		
Net 30 Days		15CTH0043-F			Our Truck		
ITEM ID		TX CL	UNITS	ORDERED	SHIPPED	UNIT PRICE	EXTENSION
2500-06642402001		1	EA	3.0000	3.0000	3.2800	9.84
DIPHANYDRAMINE	25MG FCO 100		1.0000				
Lot No					3.0000		
P13K425							
2500-0555032402		0	EA	3.0000	3.0000	71.9600	215.88
HYDROXYZINE PAM CAP 100MG			1.0000				
FCO 100		Lot No			3.0000		
34019187A							
2500-6498016901		0	EA	3.0000	3.0000	8.1100	24.33
HYDROXYZINE PAM CAP 25MG			1.0000				
FCO 100		Lot No			3.0000		
A1467							
2500-4733590488		0	EA	5.0000	5.0000	11.1600	55.80
QUETIAPINE FUM TAB 100MG			1.0000				
FCO100		Lot No			5.0000		
GKN0732							
2500-4733590688		0	EA	3.0000	3.0000	33.8800	101.64
QUETIAPINE FUM 300MG			1.0000				
FCO 100		Lot No			3.0000		
GKN0661							
500-5011143301		0	EA	5.0000	5.0000	3.4200	17.10
RAZODONE HCL TAB 50MG			1.0000				
FCO 100		Lot No			5.0000		
3142054							
500-4733590388		0	EA	2.0000	2.0000	10.3200	20.64
QUETIAPINE FUM 50MG FCO 100			1.0000				
Lot No							



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PAGE 2

INVOICE DATE 9/16/2014
INVOICE NO 438861

S AIJ009
S ADM. INST JUVENILES CTS HUMACA
O CENTRO TRATAMIENTO SOCIAL
L HC-03 BOX 6739
D HUMACAO, PR 00791
T
O

S 250001
S ADM INST JUVENILES CTS HUMACAO
H JAIME L. HERNANDEZ DE LEON
I CARR 924 KM 4.5
P BO MAMBICHE BLANCO
T HUMACAO, 00791
O

TOTAL DUE 470.27

SLS1	SLS2	DUE DATE	DISC DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO
006		10/16/2014	9/16/2014	00063252	8/11/2014	9/17/2014	

TERMS DESCRIPTION	CUSTOMER PO NO	SHIP VIA
Net 30 Days	15CTH0043-F	Our Truck

ITEM ID	TX CL	UNITS	ORDERED	SHIPPED	UNIT PRICE	EXTENSION
GKM1891A				1.0000		
GKN0940				1.0000		
2500-2724100106	0	EA	4.0000	4.0000	6.2600	25.04
RISPERIDONE 1MG FCO 60		1.0000				
Lot No				4.0000		
P12914A						
2500-4733573788	1	EA	4.0000	0.0000	16.8600	0.00
BUPROPION SR TAB 150MG		1.0000				
FCO 100						
Lot No						

PR SALES TAX
0.00

We appreciate your business.

TAXABLE	NONTAXABLE	FREIGHT	SALES TAX	MISC	TOTAL
0.00	470.27	0.00	0.00	0.00	470.27

IMPORTANT: INTEREST AT THE HIGHEST RATE ALLOWED BY LAW WILL BE CHARGED ON PAST DUE INVOICES.

TOTAL DUE 470.27

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Universal Care, Corp.
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Sabana Seca, PR 00952-1051
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BATCH CODE ORDER NO ORDER DATE PAGE
Lopez 00063252 8/11/2014 1

CUSTOMER PO NO

15CTH0043-F

09/08/2014 13:15:33 PM

S 250001
H ADM INST JUVENILES CTS HUMACAO
I JAIME L. HERNANDEZ DE LEON
P CARR 924 KM 4.5
BO MAMBICHE BLANCO
T HUMACAO, 00791
O (787) 285-0909

S AIJ009
O ADM. INST JUVENILES CTS HUMACA
L CENTRO TRATAMIENTO SOCIAL
D HC-03 BOX 6739
HUMACAO, PR 00791
T (787) 285-0909
O

LS1	SLS2	LOCATION ID	SHIP VIA	TERMS		SHIP DATE
				PICKING SLIP NO	REQ SHIP DATE	
06	UCCHQ	Our Truck		48068	9/8/2014	
ITEM ID	Lotted Item	UNIT	QTY / LOT NUM	ORDERED	SHIPPED	BACKORDERED
500-06642402001 NIPHANYDRAMINE 25MG FCO 100		EA 1.0000	P13K425 11/2016	3.0000	3	0
500-0555032402 YDROXYZINE PAM CAP 100MG CO 100		EA 1.0000	34019187A 3/2017	3.0000	3	6
500-6498016901 YDROXIZINE PAM CAP 25MG CO 100		EA 1.0000	A1467 1/2014	3.0000	3	0
500-4733590488 QUETIAPINE FUM TAB 100MG CO100		EA 1.0000	GKN0732 4/2016	5.0000	5	0
500-4733590688 QUETIAPINE FUM 300MG CO 100		EA 1.0000	GK N0661 4/2016	3.0000	3	0
500-5011143301 RAZODONE HCL TAB 50MG CO 100		EA 1.0000	3142054 5/2016	5.0000	5	0
500-4733590388 QUETIAPINE FUM 50MG FCO 100		EA 1.0000	(1)GK N0940 6/2016 6K M 1841 A 11/2015	2.0000	2	0
500-2724100106 ISPERIDONE 1MG FCO 60		EA 1.0000	P12914A 12/2015	4.0000	4	0
500-4733573788 UPROPION SR TAB 150MG CO 100		EA 1.0000		4.0000	0	4

Dispatched By/ Date:	Checked By/Date: Date/Time:	Delivered By/ Date/Time:	Packages Received:	Received In Good Order By: (Customer Signature)	Received By/ Date/Time:
19/9/2014	9/9/2014	11/9/2014	1	<i>Ene</i> <i>JS</i>	12-9-14

NO ACEPTAMOS RECLAMACIONES DESPUES DE DOS (2) DIAS DE RECIBIDA LA MERCANCIA



Universal Care, Corp.
PO Box 1051
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PAGE 1

INVOICE DATE 10/6/2014
INVOICE NO 440452

S AIJ009
ADM. INST JUVENILES CTS HUMACA
O CENTRO TRATAMIENTO SOCIAL
L HC-03 BOX 6739
D HUMACAO, PR 00791

T
O

S 250001
ADM INST JUVENILES CTS HUMACAO
H JAIME L. HERNANDEZ DE LEON
I CARR 924 KM 4.5
P BO MAMBICHE BLANCO
T HUMACAO, 00791
O

TOTAL DUE 67.44

SLS1	SLS2	DUE DATE	DISC DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO
006		11/5/2014	10/6/2014	00063252	8/11/2014	10/14/2014	
TERMS DESCRIPTION		CUSTOMER PO NO			SHIP VIA		
Net 30 Days		15CTH0043-F			Our Truck		
ITEM ID		TX CL	UNITS	ORDERED	SHIPPED	UNIT PRICE	EXTENSION
2500-0591354160		0	EA	4.0000	4.0000	16.8600	67.44
BUPROPION HCL SR 150MG			1.0000				
60 TABS							
Lot No 91257014					4.0000		

PR SALES TAX

0.00

We appreciate your business.

TAXABLE	NONTAXABLE	FREIGHT	SALES TAX	MISC	TOTAL
0.00	67.44	0.00	0.00	0.00	67.44

TOTAL DUE 67.44

IMPORTANT: INTEREST AT THE HIGHEST RATE ALLOWED BY LAW WILL BE CHARGED ON PAST DUE INVOICES.

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BATCH CODE ORDER NO ORDER DATE PAGE
0916BO 00063252 8/11/2014 1

CUSTOMER PO NO
15CTH0043-F

09/22/2014 09:20:55 AM

S 250001
H ADM INST JUVENILES CTS HUMACAO
I JAIME L. HERNANDEZ DE LEON
P CARR 924 KM 4.5
T BO MAMBICHE BLANCO
O HUMACAO, 00791
O (787) 285-0909

S AIJ009
O ADM. INST JUVENILES CTS HUMACA
L CENTRO TRATAMIENTO SOCIAL
D HC-03 BOX 6739
T HUMACAO, PR 00791
O (787) 285-0909

TERMS Net 30 Days

SLS1	SLS2	LOCATION ID	SHIP VIA	PICKING SLIP NO	REQ SHIP DATE	SHIP DATE
006	UCCHQ	Our Truck		49071	9/8/2014	
ITEM ID	Lotted Item	UNIT	QTY / LOT NUM	ORDERED	SHIPPED	BACKORDERED
25004733573788	0591354160 EA	1.0000	9125904 4/20/14	4.0000	4	0
BUPROPION SR TAB 150MG						
FCO 100						

Dispatched By/ Date:	Checked By/Date:	Delivered By/ Date/Time:	Packages Received:	Received In Good Order By: (Customer Signature)	Received By/ Date/Time:
John 9/30/2014	John 9/30/2014	John 9/30/2014	/	Ronald E. Soto 10/1/14	10/6/14

NO ACEPTAMOS RECLAMACIONES DESPUES DE DOS (2) DIAS DE RECIBIDA LA MERCANCIA



Universal Care, Corp.
PO Box 1051
Sabana Seca, PR 00952-1051
PUERTO RICO
(787)-798-2160

PAGE 1
INVOICE DATE 6/30/2015
INVOICE NO 458217

S AIJ009
O ADM INST JUVENILES CTS HUMACAO
L DEPTO DE CORRECCION
D Y ADMINISTRACION
T PO BOX 71308
O SAN JUAN, PR 00936

S 250001
H ADM INST JUVENILES CTS HUMACAO
I LIC:17-B-0385 EXP: 09/20/17
P EXP 30 DESPUES SALIDA
T YABUCOA LA SEGUNDA A LA DERECHA BO
O MAMBICHE BLANCO
T HUMACAO, 00791

TOTAL DUE 313.40

SLS1	SLS2	DUE DATE	DISC DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO
053		7/30/2015	6/30/2015	00081642	6/24/2015	6/30/2015	
TERMS DESCRIPTION		CUSTOMER PO NO			SHIP VIA		
Net 30 Days		15RE0462-F			Our Truck		
ITEM ID		TX CL	UNITS	ORDERED	SHIPPED	UNIT PRICE	EXTENSION
2500-0591569460		0	EA	2.00	2.00	18.53	37.06
MINOCYCLINE 50MG FCO 60			1.0000				
Lot No					2.00		
1021187A							
2500-5974617306		0	EA	1.00	1.00	19.65	19.65
PREDNISONE 10MG FCO 100			1.0000				
Lot No					1.00		
15P0043							
2500-2930011101		0	EA	3.00	3.00	7.02	21.06
LAMOTRIGINE 25MG FCO 100			1.0000				
Lot No					3.00		
GLEL14006							
2500-6642402101		1	BTL	10.00	10.00	3.37	33.70
DIPHENHYDRAMINE HCL 50MG			100.0000				
FCO 100							
Lot No					10.00		
P15B055							
2500-04746904837		1	EA	10.00	10.00	8.39	83.90
MELATONINA 5 MG FCO 100			1.0000				
Lot No					10.00		
2060343							
2500-3172221430		0	EA	7.00	7.00	13.08	91.56
SERTRALINE 100MG FCO 30			1.0000				
Lot No					7.00		
I1505195							
2500-6787724901		0	EA	4.00	4.00	19.53	78.12
QUETIAPINE FUM IR 50MG			1.0000				
FCO 100							
Lot No					4.00		
5140421							



Universal Care, Corp.
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PUERTO RICO
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PAGE 2

INVOICE DATE 6/30/2015
INVOICE NO 458217

S AIJ009
O ADM INST JUVENILES CTS HUMACAO
L DEPTO DE CORRECCION
D Y ADMINISTRACION
T PO BOX 71308
O SAN JUAN, PR 00936

S 250001
H ADM INST JUVENILES CTS HUMACAO
I LIC:17-B-0385 EXP: 09/20/17
P EXP 30 DESPUES SALIDA
T YABUCOA LA SEGUNDA A LA DERECHA BO
O MAMBICHE BLANCO
O HUMACAO, 00791

TOTAL DUE 313.40

SLS1	SLS2	DUE DATE	DISC DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO	
053		7/30/2015	6/30/2015	00081642	6/24/2015	6/30/2015		
TERMS DESCRIPTION			CUSTOMER PO NO		SHIP VIA			
Net 30 Days		15RE0462-F		Our Truck				
ITEM ID			TX CL	UNITS	ORDERED	SHIPPED	UNIT PRICE	EXTENSION
2500-6787724760		0	EA	1.0000	4.00	4.00	34.32	137.28
QUETIAPINE FUMARATE 300MG								
FCO 60								
Lot No								
4121862						4.00		
2500-00555030202		0	EA	1.0000	4.00	4.00	18.87	75.48
HYDROXYZ PAM CAP 50MG								
100 TAB								
Lot No								
34018654A						4.00		

PR SALES TAX

0.00

We appreciate your business.

TAXABLE	NONTAXABLE	FREIGHT	SALES TAX	PARTIAL PAYMENT	TOTAL
0.00	577.81	0.00	0.00	(264.41)	313.40

TOTAL DUE 313.40
IMPORTANT: INTEREST AT THE HIGHEST RATE ALLOWED BY LAW WILL BE CHARGED ON PAST DUE INVOICES.

UNICARE

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BATCH CODE

ORDER NO

ORDER DATE

PAGE

Lopez

00081642

6/18/2015

1

Universal Care, Corp.
PO Box 1051
Sabana Seca, PR 00952-1051
PUERTO RICO
(787)-798-2160

CUSTOMER PO NO

15RE0462-F

06/24/2015 13:57:46 PM

S 250001
H ADM INST JUVENILES CTS HUMACAO
I LIC:15-B-0385 EXP: 09/20/15
P EXP 30 DESPUES SALIDA
T YABUCOA LA SEGUNDA A LA DERECHA BO MAMBIQUE
O BLANCO
HUMACAO, 00791
(787) 285-0909

S AIJ009
O ADM INST JUVENILES CTS HUMACAO
L DEPTO DE CORRECCION
D Y ADMINISTRACION
PO BOX 71308
T SAN JUAN, PR 00936
O (787) 273-6464

TERMS Net 30 Days

LS1	SLS2	LOCATION ID	SHIP VIA	PICKING SLIP NO	REQ SHIP DATE	SHIP DATE
53	UCCHQ	Our Truck		68923	6/24/2015	
ITEM ID	Lotted Item	UNIT	QTY / LOT NUM	ORDERED	SHIPPED	BACKORDERED
500-0591569460 INOCYCLINE 50MG FCO 60		EA 1.0000	102.1187A 12/2019	2.0000 ✓	2	0
500-5974617306 REDNISONE 10MG FCO 100		EA 1.0000	15P0043 11/2019	1.0000 ✓	1	0
500-2930011101 AMOTRIGINE 25MG FCO 100		EA 1.0000	GLEL14006 5/2016	3.0000 ✓	3	0
500-6642402101 DIPHENHYDRAMINE HCL 50MG CO 100		BTL 100.0000	P15BOSS 2/2018	10.0000 ✓	10	0
500-04746904837 IELATONINA 5 MG FCO 100		EA 1.0000	2060343 11/2018	10.0000 ✓	10	0
500-3172221430 ERTRALINE 100MG FCO 30		EA 1.0000	T1505195 4/2018	7.0000 ✓	7	0
500-6787724901 QUETIAPINE FUM IR 50MG CO 100		EA 1.0000	5140421 2/2014	4.0000 ✓	4	0
500-6787724760 QUETIAPINE FUMARATE 300MG CO 60		EA 1.0000	4121862 10/2016	4.0000 ✓	4	0
500-00555030202 YDROXYZ PAM CAP 50MG 00 TAB		EA 1.0000	340181544 2/2010	4.0000 ✓	4	0

Dispatched By/ Date	Checked By/Date:	Delivered By/ Date/Time:	Packages Received:	Received In Good Order By: (Customer Signature)	Received By/ Date/Time:
6/26/15	6/26/15	3pm		Mari Del Valle Gloria Sepulveda Perez	6/26/15

CUSTOMER USE ONLY	
FROM: (PLEASE PRINT) <i>Unisys Corp</i> PHONE (707) 798-2100	
Universal Data Corporation PO BOX 1651 Albion Road PR 00024-0161	
PAYMENT BY ACCOUNT (If applicable)	
USPS® Corporate Acct. No.	Federal Agency Acct. No. or Postal Service™ Acct. No.
DELIVERY OPTIONS (Customer Use Only)	
<input type="checkbox"/> SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery. Delivery Options: <input type="checkbox"/> No Saturday Delivery (delivered next business day) <input type="checkbox"/> Sunday/Holiday Delivery Required (additional fee, where available*) <input type="checkbox"/> 10:30 AM Delivery Required (additional fee, where available*) *Refer to USPS.com® or local Post Office® for availability.	
TO: (PLEASE PRINT) <i>Unisys Corp</i> PHONE (707) 798-2100	
Address: <i>Universal Data Corporation</i> PO Box 1651 Albion Road PR 00024-0161	
ZIP + 4® (U.S. ADDRESSES ONLY) <i>00024-0161</i>	

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- \$100.00 Insurance Included.

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UNITED STATES POSTAL SERVICE® PRIORITY MAIL EXPRESS™			
ORIGIN (POSTAL SERVICE USE ONLY)			
<input type="checkbox"/> 1-Day <input type="checkbox"/> 2-Day <input type="checkbox"/> Military <input type="checkbox"/> DPO			
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	
		\$	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted	10:30 AM Delivery Fee <input type="checkbox"/> AM <input type="checkbox"/> PM \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Weight lbs	<input type="checkbox"/> Flat Rate \$	Sunday/Holiday Premium Fee \$	
		Acceptance Employee Initials _____ \$	
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	

LABEL 11-B, JANUARY 2014 PSN 7690-02-000-9996